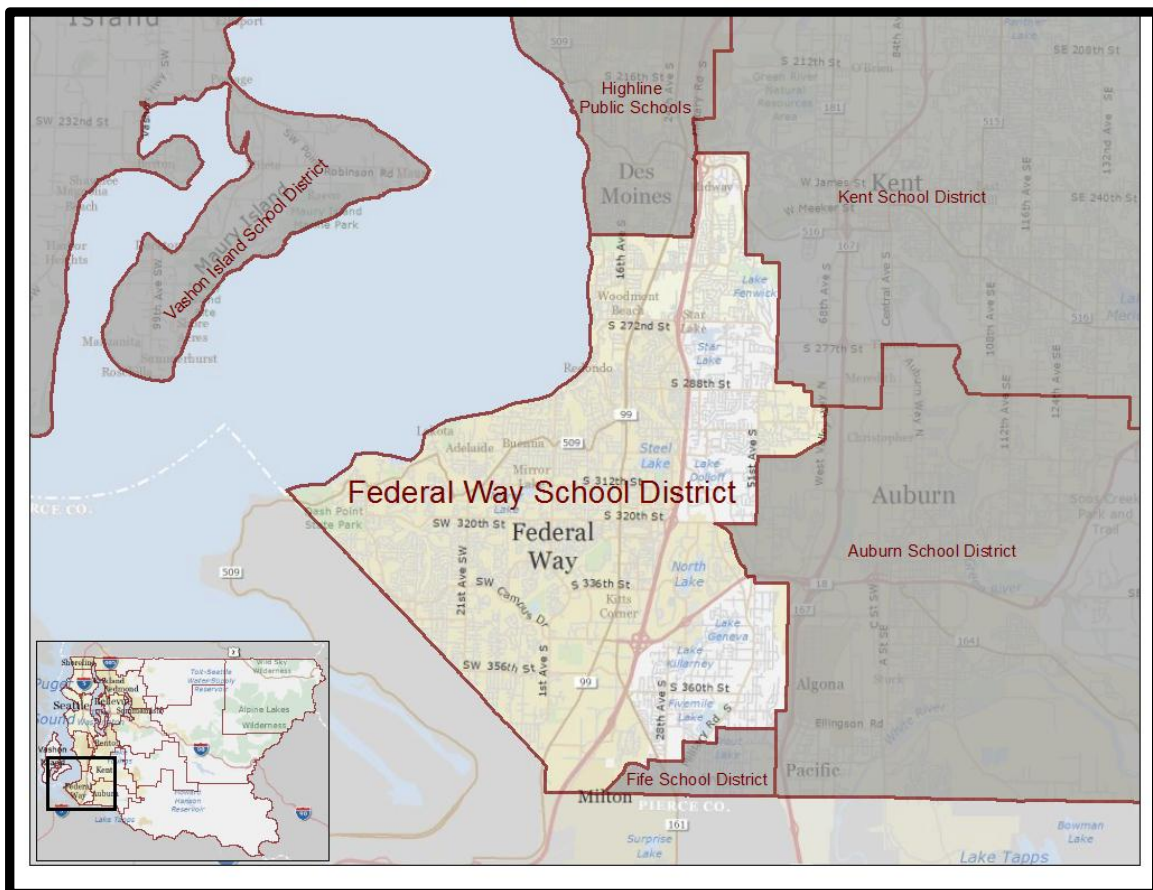




Federal Way Public Schools District Health Profile

King County, Washington

(HYS 2012)



Suggested citation: Assessment, Policy Development & Evaluation Unit. *School District Health Profile: [School district name]*. Seattle (WA): Public Health – Seattle & King County: 2013.

Introduction

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Department of Commerce, and the Liquor Control Board.

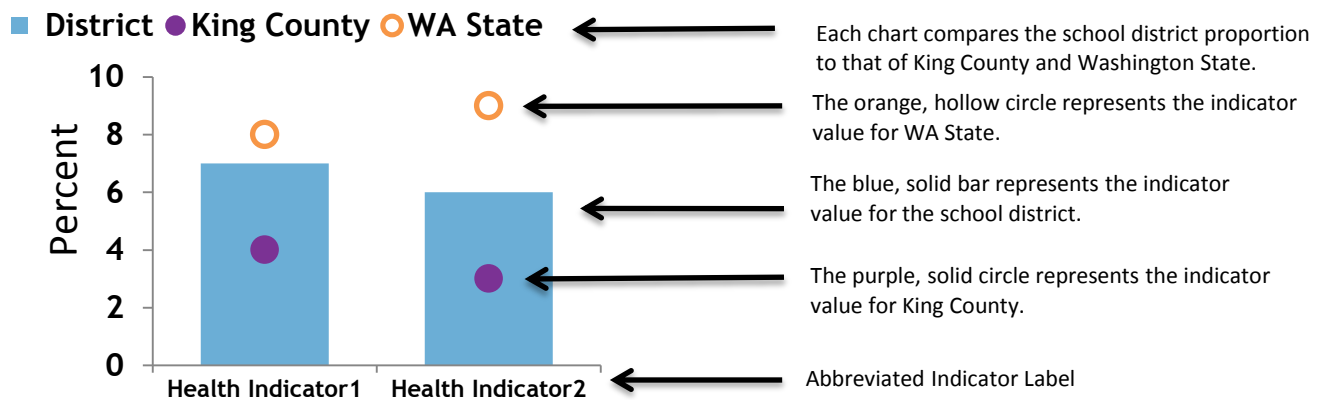
The survey provides important information about youth in Washington State. The Information from HYS is used to guide policy and programs that serve youth and to identify trends in the patterns of behavior over time. In October of even-numbered years, since 2002, students in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

This School District Health Profile, developed by Public Health in collaboration with school districts, summarizes HYS data to provide information on key health indicators and their determinants. It combines all grades for which the question is asked for 2012 point estimates (see pages 3-9) and stratifies by 8th graders and 10th and 12 graders combined for point estimates from 2004-2012 (see page 10). Comparisons for statistically significant differences between 2010 and 2012 estimates are also included (see page 11). Responses are weighted to district level enrollment by gender and grade level to ensure data were representative of all students in the district within the sampled grades.

The purpose of the report is to inform school policy-makers, health and wellness planners, and the public about student health at the district level. In this series of school district health profiles, King County is divided into 19 school districts. For each of the 19 school districts, the report includes five sections:

- Demographics of survey respondents
- Obesity, physical activity and dietary behavior
- Mental health, personal safety and violence
- Alcohol, tobacco and other drug use and secondhand smoke exposure
- District specific indicators of special interest

For each section, data are presented in a chart and a table. Below is a description on how to read the chart.



The table under each chart has more complete labels for the indicators in the chart. It also contains the actual indicator value for the school district. The table specifies whether or not the health indicator rate for the school district is significantly higher (↑), significantly lower (↓), or not different (-) from the King County point estimates based on overlapping confidence intervals. Additional tables provide within district comparisons by socio-economic status and race/ethnicity.

This report is produced by the Assessment, Policy Development & Evaluation Unit at Public Health – Seattle & King County. For more information and update alerts, please visit <http://www.kingcounty.gov/healthservices/health/data.aspx> or contact data.request@kingcounty.gov

Demographics of HYS (2012) Respondents

	Federal Way		King County ¹	WA State ¹
Total 2012 Respondents	n=803		n=51,943	n=33,270
Demographic		% ¹	%	%
Age (years)				
<=12	1	0.1	0.6	0.6
13-14	10	1.0	32.4	40.4
15-16	478	47.8	33.1	33.3
17-18	303	49.7	33.0	25.3
19+	8	1.3	0.8	0.5
Race/ethnicity				
White, NH ²	245	30.4	45.6	52.6
Black, NH	91	11.1	7.4	4.0
Hispanic/Latino	175	23.0	10.5	15.0
American Indian/Alaska Native (AIAN), NH	10	1.4	1.7	3.5
Asian, NH	119	14.4	17.1	7.7
Native Hawaiian/Pacific Islander (NHPI), NH	56	6.7	2.3	1.6
Other (Includes multiracial)	105	13.1	15.4	15.7
Grade				
6	0	0.0	24.6	24.7
8	0	0.0	24.5	30.7
10	492	48.6	25.2	25.2
12	310	51.4	25.7	19.4
Gender				
Male	377	50.0	51.7	49.3
Female	425	50.0	48.3	50.7
Language				
Non-English speaking at home ³	252	32.2	25.1	19.3
Socio-economic status (SES) ⁴				
Lower SES	315	32.2	29.3	36.5
Moderate-higher SES	358	52.4	70.7	63.5

¹King County respondents include all HYS 2012 voluntary and required participants; WA State respondents include only required HYS participants. All percentages for district, King County and WA presented are those with which survey weights have been applied.

²NH=non-Hispanic.

³Speaking a language other than English at home.

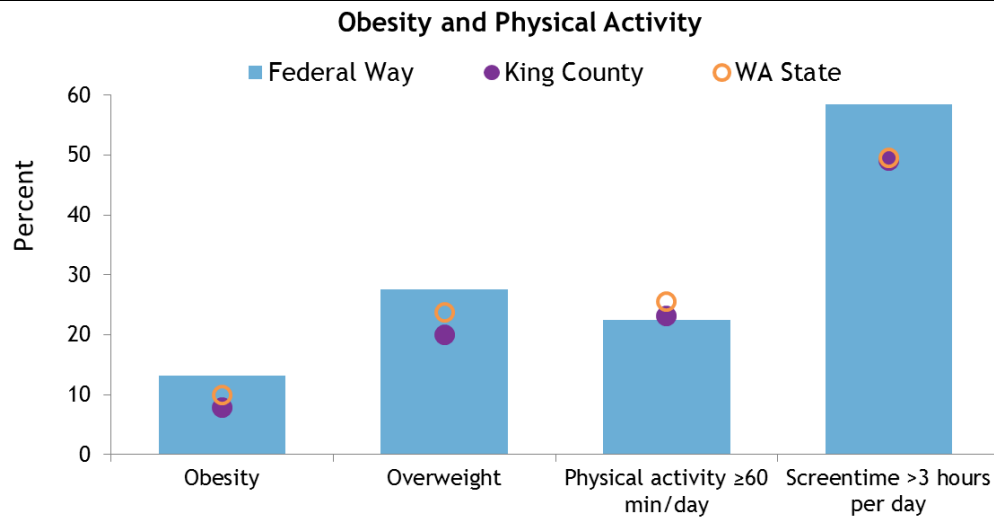
⁴Level of completed education by the student's mother is a proxy measure for SES. "Lower SES" corresponds to no post-high school maternal education and "moderate - higher SES" if maternal education includes any post-high school education.

Non-English languages spoken at home reported by Federal Way HYS (2012) respondents grades 8, 10 & 12

Language	N	% ¹
Spanish	129	17.2
Chinese	6	0.9
Vietnamese	13	1.6
Russian	16	1.8
Korean	24	3.1
Japanese	0	0.0
Ukrainian	7	0.8
Other (not specified)	57	6.9

Obesity and Physical Activity

Obesity prevention and reduction remain a key focus area of school health and wellness programming. Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems. Self-reported height and weight of students in grade 8, 10 and 12 are used to calculate body mass index (BMI). Obesity is defined as a BMI-for-age-and-gender $\geq 95^{\text{th}}$ percentile. To promote health and prevent obesity, national guidelines recommend that youth engage in 60+ minutes of physical activity on most days of the week.



By school district, King County (KC) and state (WA)

Indicator	Federal Way (HYS 2012)		KC	WA
	%	Federal Way vs. KC	%	%
Obesity (top 5% BMI for age/gender)	13	↑	8	10
Overweight or obese (top 15% BMI for age/gender)	28	↑	20	24
Physical activity ≥ 60 min/day ¹	22	-	23	26
Screen time >3 hours per day	58	↑	49	50

↓ Significantly lower than King County
 - No difference
 ↑ Significantly higher than King County

By socio-economic status (SES)

Indicator	Federal Way (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
Obesity (top 5% BMI for age/gender)	16	-	11
Overweight or obese (top 15% BMI for age/gender)	33	-	24
Physical activity ≥ 60 min/day ¹	20	-	30
Screen time >3 hours per day	59	-	56

↓ Significantly lower than Mod/High SES
 - No difference
 ↑ Significantly higher than Mod/High SES
 * Data not available due to cell count <10

By race²

Indicator	Federal Way (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
Obesity (top 5% BMI for age/gender)	10	*	10	16	32	10	16
Overweight or obese (top 15% BMI for age/gender)	22	39	25	31	52	22	33
Physical activity ≥ 60 min/day ¹	11	22	31	16	14	27	35
Screen time >3 hours per day	59	40	76	60	54	53	57

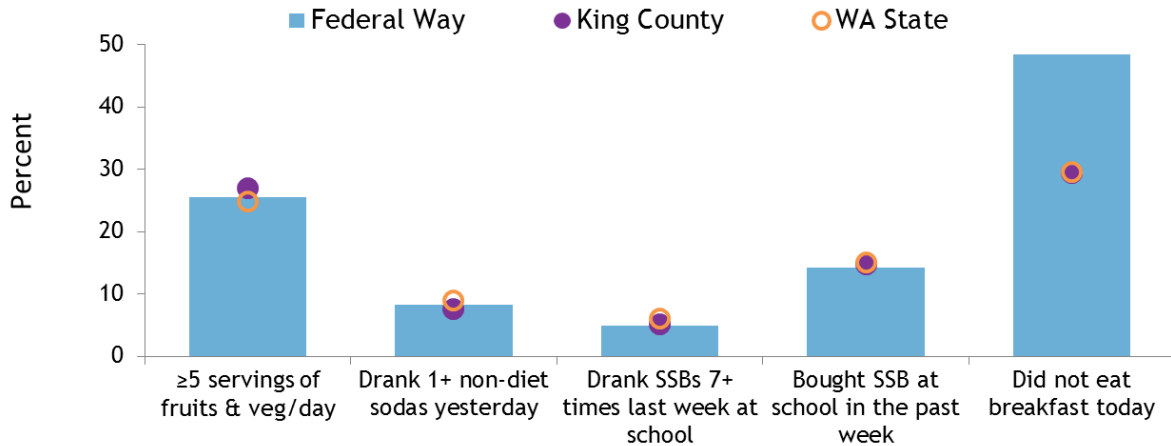
¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

Dietary Habits

Healthy lifestyle habits, including healthy eating, can lower the risk of becoming obese and developing related diseases. Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors, including reducing consumption of sugary sweetened beverages (SSBs). Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.

Dietary Behaviors



By school district, King County (KC) and state (WA)

Indicator	Federal Way (HYS 2012)		KC	WA
	%	Federal Way vs. KC	%	%
≥5 servings of fruits & veg/day	26	■	27	25
Drank 1+ non-diet sodas yesterday ¹	8	■	8	9
Drank SSBs 7+ times last week at school	5	■	5	6
Bought SSB at school in the past week	14	■	15	15
Did not eat breakfast today ¹	48	▲	27	25

↓ Significantly lower than King County
 - No difference
 ▲ Significantly higher than King County

By socio-economic status (SES)

Indicator	Federal Way (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
≥5 servings of fruits & veg/day	24	■	29
Drank 1+ non-diet sodas yesterday ¹	10	■	6
Drank SSBs + times last week at school	7	■	4
Bought SSB at school in the past week	10	■	18
Did not eat breakfast today ¹	60	▲	38

↓ Significantly lower than Mod/High SES
 - No difference
 ▲ Significantly higher than Mod/High SES
 * Data not available due to cell count <10

By race²

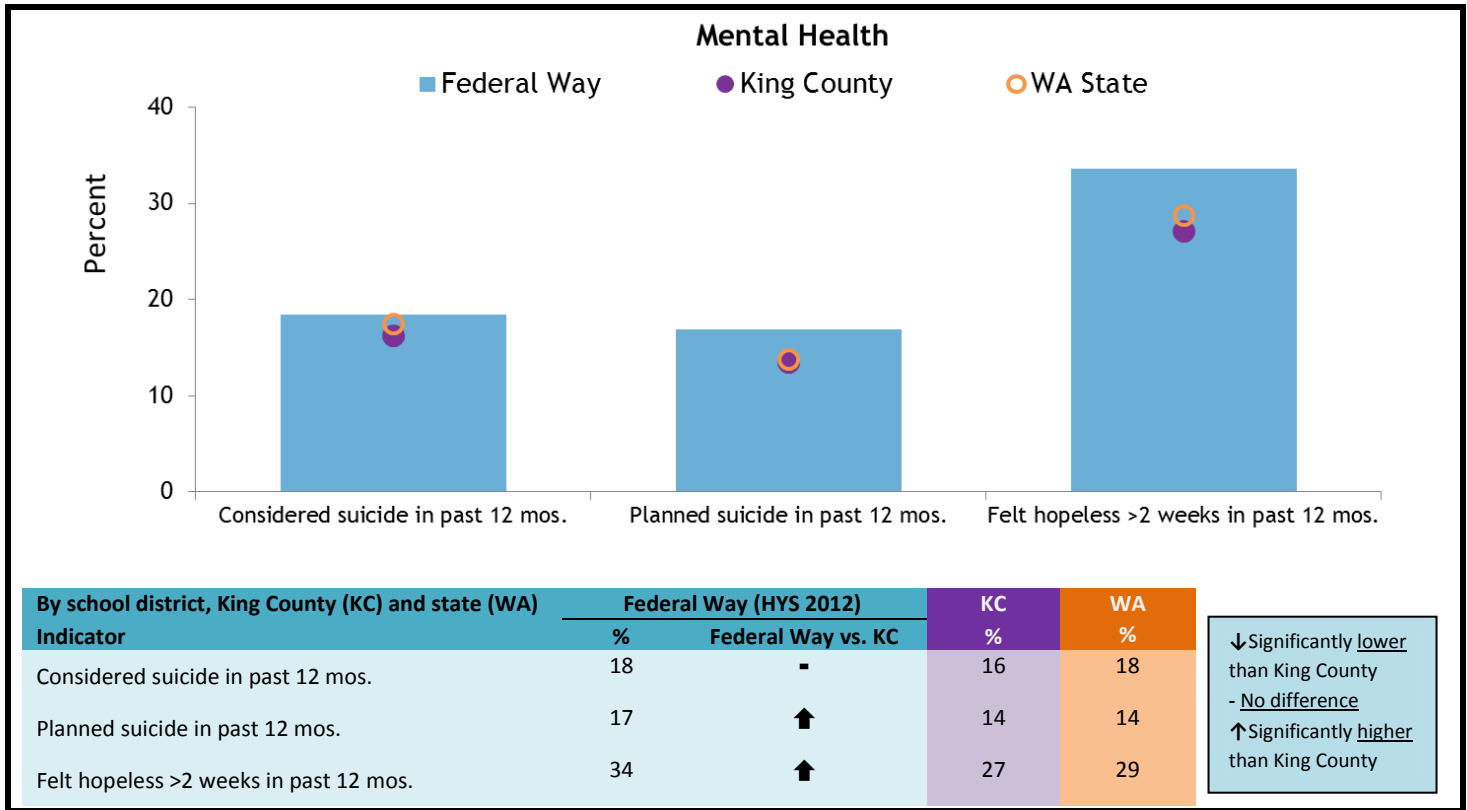
Indicator	Federal Way (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
≥5 servings of fruits & veg/day ¹	24	*	20	22	36	25	39
Drank 1+ non-diet sodas yesterday	6	*	5	15	5	8	7
Drank SSBs 7+ times last week at school	2	*	6	7	0	6	3
Bought SSB at school in the past week	20	*	10	11	7	18	14
Did not eat breakfast today ¹	41	79	49	55	62	44	46

¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

Mental Health

Mental health is important to overall health. Mental disorders are chronic health conditions that can continue throughout the lifespan. Without early diagnosis and treatment, youth with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood. Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. For youth between the ages of 10 and 24, suicide is the third leading cause of death. Suicide affects all youth, but some groups are at higher risk than others.



By socio-economic status (SES)		Federal Way (HYS 2012)		
Indicator		Low SES	Low vs. Mod/High	Moderate/High SES
	%	%		%
Considered suicide in past 12 mos.	20	▬		15
Planned suicide in past 12 mos.	19	⬆		12
Felt hopeless >2 weeks in past 12 mos.	38	▬		30

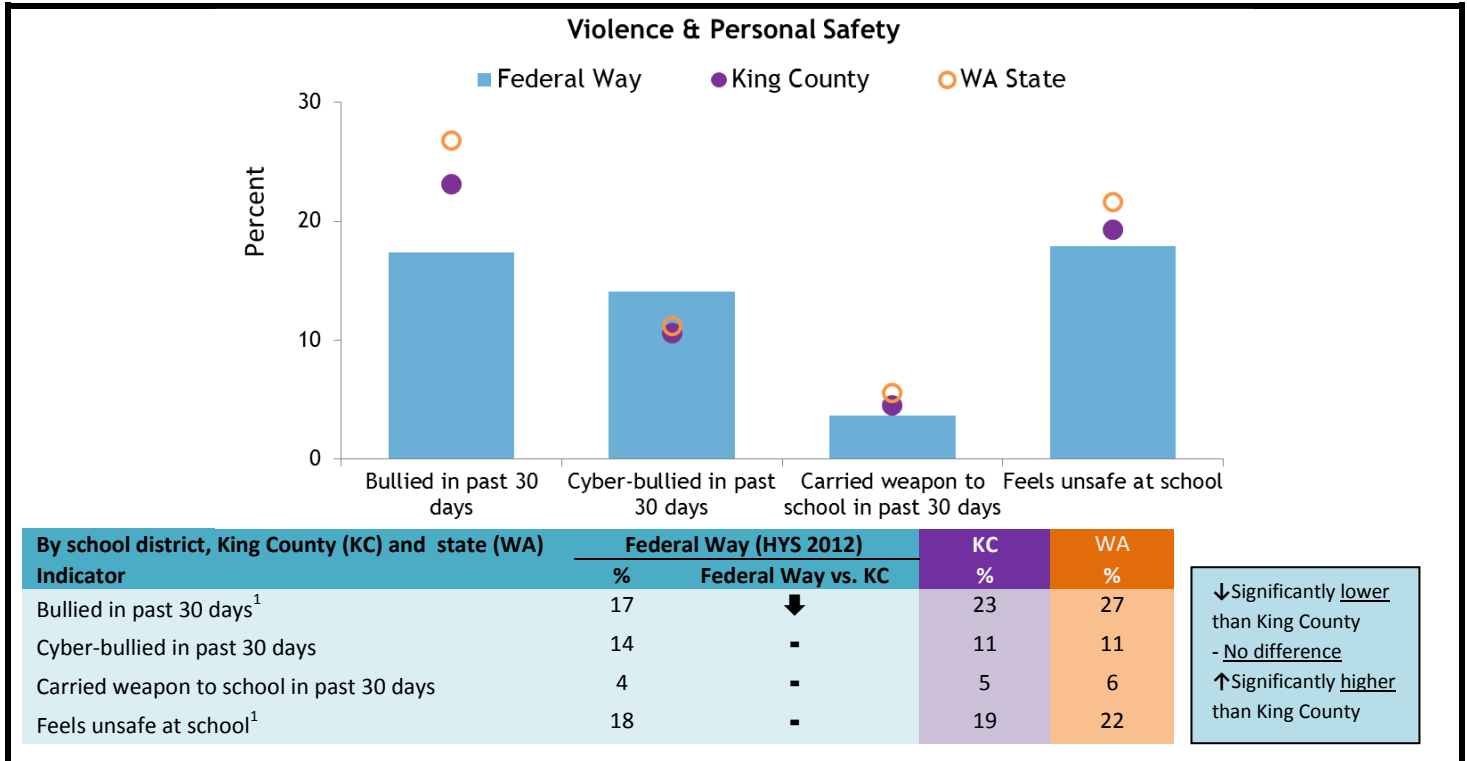
↓ Significantly lower than Mod/High SES
 - No difference
 ⬆ Significantly higher than Mod/High SES

By race ¹	Federal Way (HYS 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Considered suicide in past 12 mos.	16	31	14	17	24	19	20
Planned suicide in past 12 mos.	10	39	16	11	30	19	25
Felt hopeless >2 weeks in past 12 mos.	35	43	31	35	41	32	32

¹AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

Violence & Personal Safety

Youth violence includes various behaviors. Some violent acts—such as bullying, slapping, or hitting—can cause more emotional harm than physical harm. Bullying is a form of youth violence and is widespread in the United States. Bullying can also occur through technology and is called electronic aggression or cyber-bullying. Cyber-bullying is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.



By socio-economic status (SES)		Federal Way (HYS 2012)		
Indicator	Low SES	Low vs. Mod/High	Moderate/High SES	
	%		%	
Bullied in past 30 days ¹	18	-	16	
Cyber-bullied in past 30 days	17	-	12	
Carried weapon to school in past 30 days	5	-	3	
Feels unsafe at school ¹	21	-	17	

↓ Significantly lower than Mod/High SES
 - No difference
 ↑ Significantly higher than Mod/High SES
 * Data not available due to cell count <10

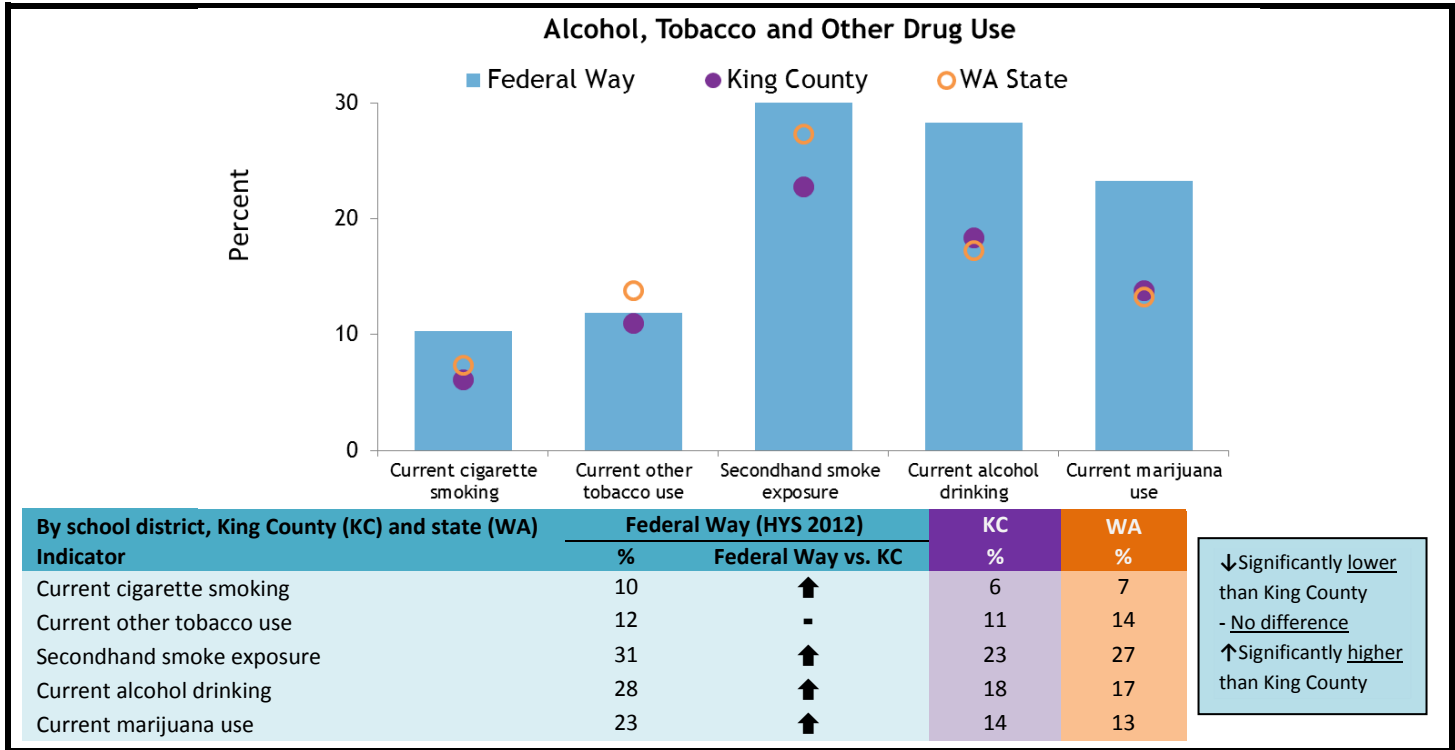
By race ² Indicator	Federal Way (HYS 2012)						
	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Bullied in past 30 days ¹	18	24	14	17	7	22	15
Cyber-bullied in past 30 days	10	40	19	16	22	12	10
Carried weapon to school in past 30 days	4	*	3	2	3	3	9
Feels unsafe at school ¹	22	28	17	12	23	17	24

¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

Alcohol, Tobacco and Other Drug Use

Alcohol and other drug use among our nation's youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases. Smoking and other tobacco use are initiated and established primarily during adolescence. Tobacco use in adolescence is associated with use of alcohol, use of marijuana and other drugs, and high-risk sexual behavior. Schools play a critical role in promoting health and helping youth establish lifelong healthy behaviors.



By socio-economic status (SES)		Federal Way (HYS 2012)		
Indicator	Low SES		Low vs. Mod/High	Moderate/High SES
	%			%
Current cigarette smoking	12	-		9
Current other tobacco use	8	-		14
Secondhand smoke exposure	37	↑		27
Current alcohol drinking	31	-		27
Current marijuana use	25	-		24

↓ Significantly lower than Mod/High SES
 - No difference
 ↑ Significantly higher than Mod/High SES
 *Data not available due to cell count <10

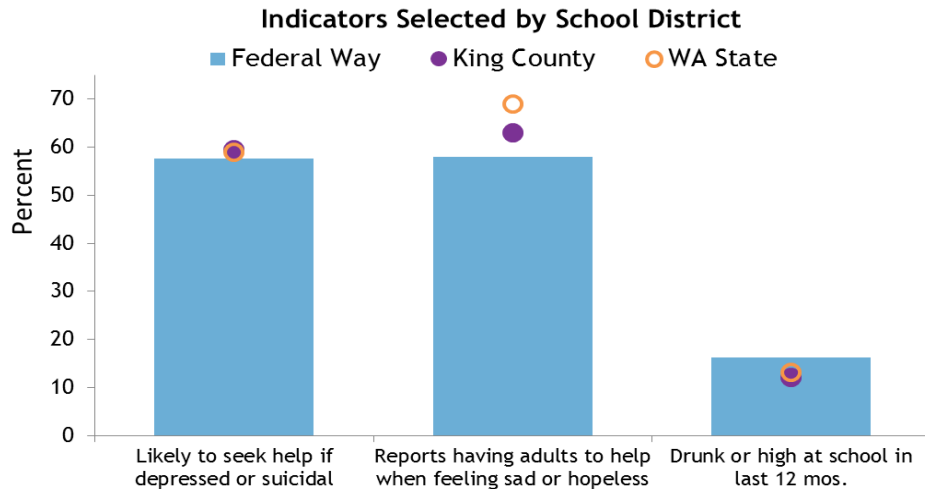
By race ²		Federal Way (HYS 2012)					
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Current cigarette smoking	7	23	3	8	23	14	7
Current other tobacco use	2	*	11	13	21	15	11
Secondhand smoke exposure	26	61	43	18	54	32	23
Current alcohol drinking	14	43	26	34	26	30	32
Current marijuana use	12	31	25	22	30	25	29

¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

Indicators Selected by Federal Way School District

Indicators of special interest were selected from questionnaire items on the 2012 HYS questionnaire by key health and wellness personnel at individual school districts. Special interest indicators included sexual health, however low response rates for sexual health questionnaire items resulted in imprecise estimates and were therefore not included in this report. Selected indicators reflect issues identified as priorities by health and wellness leadership of each school district. This set of indicators is unique to each school district.



By school district, King County (KC) and state (WA)

Indicator	Federal Way (HYS 2012)		KC	WA
	%	Federal Way vs. KC	%	%
Likely to seek help if depressed or suicidal	58	■	60	59
Reports having adults to help when feeling sad or hopeless	58	■	63	69
Drunk or high at school in last 12 mos.	16	■	12	13

↓ Significantly lower than King County
 - No difference
 ↑ Significantly higher than King County

By socio-economic status (SES)

Indicator	Federal Way (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
Likely to seek help if depressed or suicidal	53	■	63
Reports having adults to help when feeling sad or hopeless	53	■	62
Drunk or high at school in past 12 mos.	21	■	13

↓ Significantly lower than Mod/High SES
 - No difference
 ↑ Significantly higher than Mod/High SES

By race¹

Indicator	Federal Way (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
Likely to seek help if depressed or suicidal	72	50	57	55	63	54	46
Reports having adults to help when feeling sad or hopeless	60	50	60	54	74	60	46
Drunk or high at school in past 12 mos.	7	8	16	19	22	18	17

¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

² AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

Key findings in HYS data from 2004-2012

HEALTHY YOUTH SURVEY (HYS)	8 th Grade ¹			10 th & 12 th Grade ¹		
SURVEY YEAR (# OF PARTICIPATING STUDENT)	2004	2006	2012	2004	2006	2012
Obesity	%			%		
Obesity ²						
Overweight or obese ²						
Physical Activity	%			%		
Physical activity ≥60 min/day						
Screen time >3 hours per day						
Dietary Behavior	%			%		
≥5 servings of fruits & veg/day						
Drank 1+ non-diet sodas yesterday						
Drank SSBs 7+ times last week						
Bought SSB at school in past 30 days						
Did not eat breakfast today						
Mental Health						
Considered suicide in past 12 months						
Planned suicide in past 12 months						
Felt hopeless >2 weeks in past 12 months						
Personal Safety and Violence						
Bullied in past 30 days						
Cyber-bullied in past 30 days						
Carried weapon to school in past 30 days						
Feels unsafe at school						
Tobacco Use and Exposure						
Current cigarette smoking						
Current other tobacco use						
Secondhand smoke exposure ⁵						
Alcohol & Other Drug Use	%			%		
Current alcohol drinking						
Current marijuana use						
Indicators of Special Interest	%			%		

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District data is unavailable for
years other than 2012.]

¹Data not available denoted by (-). Not all indicators were included in the HYS 2004 questionnaire. No middle school students participated in Federal Way in 2012. Only 84 high school students participated in 2006. Federal Way did not participate in HYS in 2008 and 2010.

²Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.

³Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

⁴Results should be interpreted with caution, 30% or more of respondents did not answer the question.

⁵The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.

School District HYS Comparison from 2010-2012

HEALTHY YOUTH SURVEY (HYS)	8 th Grade ¹	10 th Grade ¹
Comparison Years	2012 vs 2010	2012 vs 2010
Obesity		
Obesity ²		
Overweight or obese ²		
Physical Activity		
Physical activity ≥60 min/day		
Screen time >3 hours per day		
Dietary Behavior		
≥5 servings of fruits		
Drank 1+ non-diet s		
Drank SSBs 7+ times		
Bought SSB at school		
Ate breakfast today		
Mental Health		
Considered suicide i		
Planned suicide in p		
Felt hopeless >2 we		
Personal Safety and		
Bullied in past 30 da		
Cyber-bullied in pas		
Carried weapon to s		
Feels unsafe at scho		
Tobacco Use and Ex		
Current cigarette sn		
Current other tobacco use ³		
Secondhand smoke exposure ⁵		
Alcohol & Other Drug Use		
Current alcohol drinking		
Current marijuana use		
Indicators Selected by School District		
Likely to seek help if depressed or suicidal ⁴		
Reports having adults to turn to for help when feeling sad/hopeless		
Bullied in the past 30 days because of race, ethnicity, or national origin		

Trend Symbols

Getting Better

No Change

Getting Worse

↑ Higher in 2012 than 2010

-- Flat, No Change

↓ Lower in 2012 than 2010

N/A: Non-applicable

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District data is unavailable for
years other than 2012.]

¹Not all questionnaire items are included every year. Years when data are not available for specific indicators are noted beside indicators in table and excluded from the comparison. No 12th graders participated in HYS (2012) in Auburn School District; analysis includes only 10th graders for 2010 and 2012.

²Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.

³Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

⁴Results should be interpreted with caution, 30% or more of respondents did not answer the question.

⁵The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.